IFW

PPLEMENTAL APPLICATION DATA SHEET

Application Information

| Apphoation in ordana. | |
|----------------------------------|-----------------------------|
| Application Number:: | 10/587,574 |
| Filing Date:: | 07/31/06 |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD Disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | |
| Computer Readable Form (CRF)?:: | No |
| Number of Copies of CRF:: | |
| Title:: | THERMAL OVERLOAD PROTECTION |
| Attorney Docket Number:: | 1034456-000049 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 2 |
| Small Entity?:: | No |
| Latin Name:: | |

Petition Included?:: No

Variety Denomination Name::

| Petition Type:: | |
|--|---|
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |
| Applicant Information | |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | Finland |
| Status:: | Full Capacity |
| Given Name:: | Janne |
| Middle Name:: | |
| Family Name:: | KUIVALAINEN |
| Name Suffix:: | |
| City of Residence:: | Vaasa |
| State or Province of Residence:: | |
| Country of Residence:: | Finland |
| Street of Mailing Address:: | Pitkäkatu 38 C 41 Vaasanpuistikko 15B36 |
| City of Mailing Address:: | Vaasa |
| State or Province of Mailing Address:: | |
| Country of Mailing Address:: | Finland |
| Postal or Zip Code of Mailing Address:: | FI-65100 |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | Finland |
| Status:: | Full Capacity |

| Given Name:: | Peter |
|--------------|-------|
| | |

Middle Name::

Family Name:: ÖSTERBACK

Name Suffix::

City of Residence:: Vaasa

State or Province of Residence::

Country of Residence:: Finland

Street of Mailing Address:: Karperövägen 881

City of Mailing Address:: Vaasa

State or Province of Mailing

Address::

Country of Mailing Address:: Finland

Postal or Zip Code of Mailing FI-65650

Address::

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing

Date::

This Application National Stage of PCT/FI2005/000066 02/01/2005

Foreign Priority Information

Country::

Application Number::

Filing Date::

Priority Claimed::

Finland

20040154

02/02/04

Yes

Assignee Information

Assignee Name::

ABB OY

Street of Mailing Address::

Strömbergintie 1

City of Mailing Address::

Helsinki

State or Province of Mailing

Address::

Country of Mailing Address::

Finland

Postal or Zip Code of Mailing

Address::

FI-00380